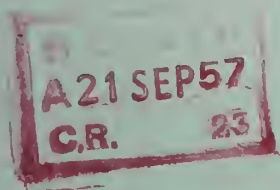


Urban District Council of Caterham and Warlingham



ANNUAL REPORT
OF
THE MEDICAL OFFICER OF HEALTH
AND
CHIEF PUBLIC HEALTH INSPECTOR
for the year
1956



Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report for 1956, this being my seventh report as your Medical Officer of Health.

Last year I expressed regret that it had proved impracticable to experiment by varying the arrangement of the report, simplifying its wording and devoting more space to positive advice on the prevention of illhealth, owing to the increasing pressure of other duties. Unfortunately this year I have only been able to rewrite my Coulsdon and Purley Report along these lines but if that attempt is appreciated, every endeavour will be made to recompose the next Report for Caterham and Warlingham.

While this Report will not therefore be as entertaining as hoped, there will be found much justification for satisfaction in the health of the District.

The birth rate increased slightly, illegitimacy affected a very small proportion, the stillbirth rate was the lowest to date, and the infant mortality rate was again the lowest for the last 20 years. A few of the small number of deaths among babies could have been avoided, however.

Equally pleasing was the absence of any maternal death for the tenth year in succession.

The general death rate decreased and for ordinary residents was the lowest since the war. The cancer death rate was slightly below the recent average although the proportion of male deaths due to cancer of the lung increased to over half. Fortunately, the corresponding rate for breast cancer among women decreased. Advice is again included on both these subjects.

Deaths from accidents both on the road and in the home decreased slightly but the prevention of such accidents is obviously a subject deserving and, in general, receiving more attention than hitherto.

From the point of view of the prevalence of infectious disease, 1956 was not a "measles year" and whooping cough and dysentery decreased. Only two cases of poliomyelitis occurred but unfortunately the solitary paralytic case died. A note is included regarding vaccination against paralytic poliomyelitis and residents are urged not to relax the earlier types of immunisation against diphtheria, whooping cough and smallpox.

The Chief Public Health Inspector in his report, which in accordance with local custom is again included as a separate feature, deals with the general housing problem and the frustrations experienced in his attempts to preserve and improve deteriorating and sub-standard property.

His report on the increasing amount of work involved in cesspool emptying emphasises from another angle the desirability of sewerage the Chaldon area as soon as practicable.

There is ample evidence in the Chief Inspector's report of a most satisfactory year's work and he and his staff deserve congratulations, while the Council can derive satisfaction in perusing both Reports that the health of the District was well maintained during 1956.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

F.R. EDEROKE

Medical Officer of Health.

(1)

STATISTICS FOR 1956

Area (in acres)	8,250
Registrar General's estimate of the population at mid-year 1956 (including military stationed in the area).	33,400
Number of Inhabited Houses December 1956 according to rate books	8,625
Rateable Value	£456,501
Sum represented by a penny rate	£ 1,840

<u>Live Births</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
Legitimate	456	220	236
Illegitimate	<u>9</u>	<u>2</u>	<u>7</u>
	<u>465</u>	<u>222</u>	<u>243</u>
Birth Rate per 1,000 of the estimated population	... 13.9		
Corrected Birth Rate	... 14.2		

<u>Still Births</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
Legitimate	4	3	1
Illegitimate	<u>1</u>	<u>1</u>	<u>1</u>
	<u>5</u>	<u>4</u>	<u>2</u>
Rate per 1,000 total (live and still) births	... 8.5		

<u>Deaths</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
	305	143	162
Crude death rate per 1,000 of the estimated population	... 9.1		
Corrected death rate	... 7.8		

<u>Deaths of Infants under one year of age</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
Legitimate	7	5	2
Illegitimate	<u>1</u>	<u>1</u>	<u>1</u>
	<u>8</u>	<u>6</u>	<u>2</u>

Death Rate of Infants under one year of age

All infants per 1,000 live births	... 15.1
Legitimate infants per 1,000 legitimate live births	... 15.4
Illegitimate infants per 1,000 illegitimate live births	... -
Deaths from measles (all ages)	... nil
Deaths from whooping cough (all ages)	... nil
Deaths from diarrhoea (under 2 years of age)	... nil

HEALTH REPORT FOR 1956

The Urban District of Caterham, which was constituted in 1899, became the Urban District of Caterham and Warlingham in 1929, and as a result of the latest revision of boundaries in 1933, the original area of 2,438 acres was increased to 8,250 acres.

At the beginning of the century the population of Caterham was just under 10,000 including over 3,000 residents in the Guard's Depot and St. Lawrence's Hospital. By the time the present Urban District was constituted, the total population had become 17,590, and this steadily increased to the 1951 Census figure of 31,290. This was equivalent to 3.7 persons per occupied house after deducting the residents at St. Lawrence's Hospital. In mid-1956 the Registrar General estimated the home population, (including the military stationed in this area), to be 33,400, which is 370 more than last year and an increase of 1880 in the last 5 years. During the five-year period, 839 new houses have been built and if there was only an average of three persons per house this would represent an increase of 2,517 in the population. (2,937 if the average is $3\frac{1}{2}$ persons, which is more likely). As for several years the majority of new building has been undertaken by private enterprise, it would appear that the Registrar General may have slightly underestimated the recent increases in population, and the actual total be about 34,500.

The District, which contains some of the most beautiful parts around London, is chiefly residential, with at least four centres of population partially separated from each other by tongues of the Green Belt which practically surrounds the District.

The only large Institution in the District is St. Lawrence's Hospital, which at the end of the year had 2,322 patients and resident staff.

There are no heavy industries and many residents work in London or Croydon. Those working in the District are mostly connected with the military or the mental hospital, with building, some light industries which have further extended of late, or with providing food or other services for the residents.

VITAL STATISTICS

Birth Rate:- The Crude Birth Rate of 13.9 births per 1,000 population was 0.3 higher than last year, and the Corrected Birth Rate of 14.2 shows a corresponding increase. The Birth Rate for England and Wales in 1956 was 15.7 which was 0.7 above the corresponding rate for 1955.

Illegitimacy:- The percentage of births which were illegitimate fell from 2.7 in 1948 and 1949 to 2.1 in 1950; it increased, however, to 4.8 in 1954, and 3.3 in 1955. The figure for 1956 fell to 1.9 which is only 0.2% higher than in 1928 when the lowest figure was recorded. (For comparison, peaks of over 8% occurred in 1919 and 1941-5.)

Still Births:- The Still Birth Rate for 1956 was 8.5 per 1,000 total births which is the lowest for over 20 years. In 1951 it was thought to be low at 16.4; in the last three years it was 18.0, 23.3 and 36.5. The corresponding rate for England and Wales was 23.0 in 1956.

Death Rate:- The number of deaths attributed to this District was 305, a decrease of 43 on the previous year, and as a result the Crude Death Rate decreased from 10.5 per 1,000 population in 1955 to 9.1 in 1956. The age and sex distribution of the population is not quite typical of that of the Country as a whole however, hence an adjustment is required, which produces the Corrected Death Rate of 7.8. This is 3.5 lower than the previous year, and well below the Death Rate of 11.7 for England and Wales.

The Registrar General now allocates to this District all deaths occurring in St. Lawrence's Hospital and certain Old Peoples' Homes and Nursing Homes, the majority of which, prior to 1953, were transferred to the districts in which the patients formerly resided. The new system is justified by the fact that the patients at these Hospitals and Homes are included in the total population of the District. Inevitably, however, the death rate among this section of the population is above the normal, with the consequent inflation of the local death rate. Had these formerly transferable deaths been excluded, the Crude Death Rate would have been only 6.6.

Causes of Death:-

These are set out in Table II in the Appendix which also indicates the ages at which death occurred but does not differentiate between normal residents and those in the above-mentioned institutions. One of the weaknesses of the new method of registration is that, in order to determine prejudicial local influences, it is necessary to separate these groups in respect of each cause of death and, unfortunately, this cannot be done really accurately owing to the paucity of available information.

Heart and Circulatory Diseases:- As usual, deaths from heart and circulatory diseases formed the largest group, accounting for 167 deaths, or 55% of the total deaths, which is 1% more than in 1955 (34 of these deaths occurred among the hospital population compared with 47 last year). This group always includes an appreciable proportion who virtually died of old age, and in 1956, 73% were over 65 years, and 60% over 75 years at the time of death. Our aim should be to reduce at least the proportion of these deaths occurring before 65 years of age. Unfortunately there is a lack of knowledge as to what factors contribute to the two main causes of death in this group, i.e. fracture of the blood vessels, particularly in the brain, and clotting in the vessels of the heart. Probably dietetic excesses having regard to the amount of physical activity are one factor, while the persistent tension resulting from the worry and sustained concentration of modern life may be another. If so the cultivation of a simpler way of life with moderated exercise and real relaxation as and when the opportunities occur, would appear to be sensible precautions. Sedentary workers should eat relatively smaller quantities of butter and starchy foods.

Cancer:-

The next commonest causes of death were cancer with 63 deaths (17.3% of deaths) and respiratory diseases, excluding tuberculosis, (22 deaths 7.2%). As far as can be ascertained the Cancer Death Rate was 1.4 per 1,000 of the ordinary population, (1.68% if deaths among the previously transferable group are included), which is very slightly below the average for the last 6 years.

Nationally attention is now being focused upon a steady increase in deaths from cancer of the lungs, chiefly among males, and publicity is being given to the possibility of heavy cigarette smoking being a contributory factor. The local death rate for this type of the disease was much higher in 1956, more than a half (54%) of the male cancer deaths being due to this cause. Once again all who died were formerly ordinary residents. As has been stated for several years in these Reports, while research is proceeding into the cause of the national increase, personal restrictive measures are justified, and the young especially are advised to consider the practical implications of present suspicions before becoming addicted to what, at the least, is an uneconomic habit, and one which probably also effects health adversely in other ways.

The proportion of cancer deaths in females attributed to cancer of the breast decreased from 27% in 1955 to 15% and all were formerly normal residents in the District. This obviously justifies a reminder that any persistent lump should be reported to a Doctor without delay. Other abnormalities which should likewise be reported without delay are abnormal haemorrhage from any of the body orifices, persistent pain or ulcers, and the enlargement of any skin defect. The relief of a negative finding is almost as important as the early treatment in confirmed cases, which can be so successful.

Respiratory Diseases:-

Among the normal residents, deaths due to respiratory diseases were fewer than in 1955.

Accidents:-

Unfortunately two deaths occurred due to road accidents - four deaths resulted from other accidents. Two of the latter followed falls in elderly persons and two were in young children as a result of a fire in their room.

While the total number of accidental deaths was thus only 6 compared with 14 and 9 in the previous years, even this decreased number is regrettable, and the subject of the prevention of accidents is justifiably receiving more attention in view of its actual and relative importance.

Suicides:-

Only suicide occurred this year compared with an average 9 - 6 in the previous 3 years.

Infant Mortality Rate:-

On the average during the first ten years of this century, 75 babies died before reaching their first birthday out of every 1,000 babies born alive in this District. In each of the following periods of ten years this proportion decreased, the averages being 67, 55, 36 and 38, while in the ten years following the War the average was only 26, and on four occasions at or below 18. In 1956 this rate reached its lowest level for over 20 years, being 15 compared with 16 last year. Only once has it been lower, viz. 10 in 1935. The Infant Mortality Rate for England and Wales in 1956 was 23.8 which was also a record, the previous lowest being the 1955 figure of 24.9.

Reviewing the 7 infant deaths which occurred during the year the causes of death can be grouped as follows:-

Prematurity	...	...	...	3
Pneumonia	...	...	...	3
Accident	...	...	...	1

The problem of the prevention of deaths from prematurity has not yet been solved, but the deaths from infections and the accidental death should have been preventable. The common cold and similar minor infections in adults can be very serious if they are permitted to spread to the very young, a fact which cannot be over-emphasised.

Four of these infant deaths occurred before the babies were a month old, and the Neonatal Mortality Rate, i.e. the number of deaths in infants under a month per 1,000 live births, was therefore 8.6, an increase of 1.9 on 1955 but 5.9 below the average for the last 5 years.

Of the births notified during the year, 24 were premature (i.e. 5.1%) and 3 of these were born at home, the remaining 21 being born in hospitals or in nursing homes. Unfortunately 2 of the latter died (i.e. 9.5%), both within the first 24 hours.

Maternal Mortality:-

It is most satisfactory to be able to report that for the tenth year in succession, no deaths have occurred among mothers which were associated with child birth. Compared with the years 1921-46 this means that, on the average, one mother's life has been saved annually. The Maternal Mortality Rate for England and Wales has steadily decreased to 0.46 in 1956, which was the lowest to date.

INFECTIOUS DISEASE

Table III in the Appendix shows the number of cases of infectious disease notified during the year, the ages and distribution throughout the District of these cases and the number of deaths from this cause.

Diphtheria

Once again a year has passed without a case of diphtheria occurring locally, but the fact that 3 cases were notified in 1952, is a reminder that this disease can and does occasionally recur, and that immunisation must be maintained. The necessity for this is probably all the greater now that the natural stimulation caused by occasional small doses of the organism rarely occurs.

Scarlet Fever

44 notifications of this disease were received, compared with 40 in 1955 and an annual average of 53 in the previous 5 years. The disease remains very mild in type and this, together with the non-notification of other streptococcal infections which are not accompanied by a rash, makes it impossible to prevent its spread, although efforts are made to limit heavy infection. All the cases occurred among school children or pre-school children; Caterham Valley, where one school had 13 cases, being most affected. Of the 44 cases, 25 were admitted to hospital (Blotchingley 24, and Cuddington 1), which is still a fairly high proportion for present day practice, though 10% less than last year, and 26% less than in 1953.

Apart from exceptional circumstances the following modified procedure for attempting to reduce the spread of this disease appears to be justifiable:-

- (1) isolation of sufferers from streptococcal infections for at least a fortnight in view of the risk of complications developing,
- (2) exclusion of contacts only if signs or symptoms are present, and
- (3) release of both from isolation when the nasopharynx is healthy, irrespective of the results of nose and throat swabs.

Erysipelas

Seven cases were notified during 1956, this being about the average number for recent years. None were apparently inter-connected.

Meningococcal Infection

One posthumous notification was received during the year from St. Lawrence's Hospital, the patient dying within three days of the date of onset. No other cases occurred in the Hospital, but an extensive survey was carried out of 274 persons, mainly patients. Four patients and one member of the staff were found to be carriers, but after treatment, and within a week, all had negative swabs.

Dysentery

4 cases of dysentery were notified compared with 15 in the previous year. All the cases were of the milder Sonne type, and three cases were members of one family.

Food Poisoning

In 6 instances of individuals being suspected of suffering from food poisoning investigations were made with negative results. Similarly relatively small outbreaks of diarrhoea and sickness in four schools were investigated during the year, but again no reliable evidence was obtained to justify a diagnosis of food poisoning. An airborne infection resulting in a succession of cases of diarrhoea, etc. would appear to be the commonest cause of these unconfirmed notifications, which there is no wish to discourage, however, especially from schools.

Poliomyelitis

In the Country as a whole this disease was less prevalent during 1956 and locally only two cases, one "paralytic" and one "non-paralytic" were confirmed. Unfortunately the "paralytic" case, who was an adult male, died in hospital. The "non-paralytic" case, a girl aged 3 years recovered completely.

Three suspected cases were admitted into hospital, but in neither of these was the diagnosis established.

Measles

Epidemics of this disease usually occur in alternate years and as only 8 cases had been notified in 1954 followed by 353 in 1955, it was not surprising that the number of notifications decreased to 134. So far as is known, only 2 of the cases were admitted to hospital. No deaths have occurred from measles in this District since the War.

Whooping Cough

There were 32 cases of whooping cough notified in 1956, compared with 44 in 1955, and 49 in 1954. No death occurred, and in fact, only 2 deaths (and those in very young babies) have occurred locally since the War. The only preventive measure against this disease which is of any real use is immunisation, which is referred to in the following section.

PREVENTION OF ACUTE INFECTIOUS DISEASE

Each year it becomes increasingly clear that the chief hope of preventing most of the important infectious diseases lies in some form of immunisation when that is practicable. Where immunisation against any particular disease is not yet feasible, it is the practice to exclude cases and, in some instances contacts, from school, in the hope that, possibly by diminishing the dose of the infection, more children will only get sub-acute attacks and that in general the number and severity of any cases which do occur will be diminished. This practice has recently been reviewed and appropriate advice issued. The main aim is to postpone the onset of infection in infants at least until school age is reached, most infections being severest when they affect children under 2 years of age. Obviously, such steps can only be partially successful but it appears not unreasonable to continue them. On the other hand, in such mild infections as chicken-pox and rubella, it might be thought desirable with certain provisos that all children should have these infections soon after entering school, rather than at a later stage when serious inconvenience might result with regard to examinations, etc.

Vaccination against Paralytic Poliomyelitis

Quite unexpectedly the Minister announced early in the year a new scheme for vaccination against paralytic poliomyelitis and the parents of children born in 1947 to 1954 inclusive were given the opportunity to register their children

for this before 4th April, 1956. Only statistics for the whole Division are available but about one third of the totals can be regarded as being applicable to this District. Altogether 4,570 children were registered before the closing date, which is probably the highest proportion of the eligible children registered in Surrey.

The vaccination was limited by the quantity of vaccine available to children who were born in certain months and years specified by the Ministry, and was only carried out in May and June. Exactly 500 children each received the two injections, and negligible reactions were noted.

Owing to the relatively small number of children treated and the comparative absence of poliomyelitis in the country during 1956, no reliable deductions could be drawn as to the effectiveness of this vaccine, but such data as was available was not unpromising. The statistics for 1957, when available, should be most interesting.

Diphtheria Immunisation

The importance of this and other forms of immunisation is apt to be lost sight of, owing to the focusing of public attention on vaccination against poliomyelitis, but the memory of the three cases of diphtheria which occurred in this District during 1952 should emphasise that it is still important to maintain a high standard of immunity among the population against this disease. During the year 1956, 398 primary courses of anti-diphtheria prophylactic were given, while 564 children were given "booster" doses, the number of courses being slightly more than in 1955.

At the end of the year it was estimated that about 55% of the children under 5 years of age had been immunised and approximately 85% of the children aged 5 - 15 years. On a further investigation to discover what percentage of these groups had been immunised during the last 5 years, it was found that probably only about 68% of the group aged 5 - 15 years had received treatment during that period, which is not too satisfactory.

These figures are, however, only based on estimates and I would, therefore, repeat the advice that parents who, for some reason or other, have not had their children immunised during the last 5 years would be well advised to arrange for this to be done, if they so wish first consulting me on its desirability.

Vaccination against Smallpox

During the year the following vaccinations were carried out:-

Primary Vaccinations	... 0 - 14 years	... 303
" "	... 15 years and over	... 31
Revaccinations	... 0 - 14 years	... 15
" "	... 15 years and over	... 80

The totals receiving primary vaccination show a moderate increase compared with 1955, and it is satisfactory to note that about 59% of the children under 1 year of age were vaccinated, which is only slightly below the average for the last three years.

Whooping Cough Immunisation

The position regarding this form of immunisation has definitely improved during recent years in that there is at least one preparation which can be expected to give good results, although it is not quite so reliable as is diphtheria immunisation with which it can be combined. It now appears wise to encourage the general acceptance of whooping cough immunisation, provided poliomyelitis is not very prevalent at the time in the area concerned, in view of the possibility of previously immunised children developing a very mild attack and passing on the infection to babies before a diagnosis has been made and preventive measures taken. The present recommendation is that the treatment should be commenced when the child is 3 months old, with a reinforcing dose at about 2 years of age.

During 1956, 379 children were given primary courses of a whooping cough prophylactic and 212 children received a "booster" dose. These figures show an increase on those of 1955.

Immunisation against Tetanus

A triple prophylactic against diphtheria, whooping cough and tetanus is now frequently recommended and used. While tetanus is not so common a disease in Surrey as in some parts of the Country, its effects can be so serious that active immunisation against it is a wise precaution, bearing in mind the many minor injuries experienced in childhood, any of which might permit the entry of the germ. Moreover it has the additional advantage that if a person has been actively immunised it is not necessary to give tetanus anti-toxin following a deep wound. The anti-toxin contains horse serum which is liable to cause a serious reaction in the susceptible.

Immunisation against Tuberculosis

Until 1954, Mantoux testing and immunisation when necessary with B.C.G. vaccine were limited to contacts of known cases and those groups who are most exposed to infection, but in that year, this form of preventive treatment was extended to all children aged 13 years who were attending schools provided by the County Council, and whose parents agreed to it. In 1955 this scheme was extended to include children of the same age group in recognised private schools, again subject to the parents' consent. During 1956, in this Division, 63% of the eligible children accepted this treatment and 80% of these were immunised, i.e. 49% of this age group.

It is interesting to note that during the year only about 11% of the children Mantoux tested proved positive compared with 13% in 1954/5. This test indicates those who have already been in contact with tuberculosis.

TUBERCULOSIS

The following table shows the ages for each sex at which new cases were notified and deaths occurred from both forms of tuberculosis during 1956:-

AGE PERIODS	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
10 -	1	1	-	-	-	-	-	-
15 -	-	2	-	-	-	-	-	-
20 -	2	1	-	-	-	-	-	-
25 -	-	4	2	1	-	-	-	-
35 -	2	2	-	-	-	-	1	-
45 -	2	1	1	-	-	1	-	-
55 -	-	-	-	-	1	-	-	-
65 +	-	1	-	-	-	-	-	-
TOTALS	7	12	3	1	1	1	1	-

It will be seen from the following Table, which shows the average 5-yearly rates for the last 35 years and the actual rates for 1956, that the incidence of respiratory tuberculosis increased considerably during and especially after the War, but that on the average it is now declining appreciably, while there is a great improvement in the corresponding death rate. Similarly both the case and death rates for non-pulmonary tuberculosis have declined most satisfactorily.

Nationally, similar trends are observable.

AVERAGE RATES PER 100,000 POPULATION

YEARS	Case Rate		Death Rate	
	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis
1921-25	72	11	58	9
1926-30	68	21	44	12
1931-35	79	20	30	9
1936-40	70	34	37	8
1941-45	88	41	45	10
1946-50	102	27	26	7
1951-55	53	6	7	2
1956	57	12	6	3

As previously stated, the most important measures which are required to reduce the incidence of this disease are the early detection and treatment of cases, the encouragement of immunisation and segregation of contacts, and the preferential treatment of cases in the matters of rehousing and rehabilitation.

The local Council still continues to be responsible for one of the most important of these preventive measures, namely rehousing, but the County Council bears the responsibility for all other preventive measures involving official action except the treatment of cases, which is that of the Regional Hospital Board.

The local Tuberculosis Clinic is held every Monday and Friday from 2 - 4 p.m. at the Health Clinic, 62 Whytecliffe Road, Purley, and any suspected cases can attend or be referred for diagnosis, preferably by appointment. The construction of an independent Chest Clinic at Purley Hospital has commenced. This is a welcome amenity which is badly needed, the County Council Clinic at 62 Whytecliffe Road, Purley, having been seriously over-used.

INFESTATIONS

Scabies

Arrangements are in being whereby cases of scabies can be provided with the necessary treatment, and, what is more important, contacts with them can be given preventive treatment.

During the War, when from 80 to 384 cases a year were treated by the Public Health Department, this form of infestation was widespread and its prevention of social and economic importance. Of recent years only isolated cases or small outbreaks have occurred, and in 1956 only three cases are known to have been treated. Nevertheless, early notification to the Medical Officer of Health and the application of thorough measures are well justified as decreasing the risk of any further widespread infestations.

Lice

Infestations with head lice are mainly detected through the School Health Service and in 1956 some 26 cases were reported. The majority of these were casual infestations which were quickly cleared. The chief problem is to deal with what are almost certainly the reservoirs from which these infestations arise, namely the relatively small number of families, the members of which are frequently found to be infested year after year. They are kept well supplied with simple and effective means of clearing the lice but, presumably because their efforts are insufficiently co-ordinated or well maintained, complete absence of the vermin never seems to be secured. More statutory power to deal expeditiously with all members of these families, comparable with the Scabies Order, 1941, would help to solve this minor but frustrating problem.

BACTERIOLOGICAL EXAMINATIONS

The following specimens were examined at the Epsom Laboratory during the year:-

Throat and nose swabs	...	...	14
Faeces	...	...	12
Sputa	...	...	4
Miscellaneous	...	...	13
			—
			43
			—

SANITARY CONDITIONS

Water

The water supply for this District, which is constant, is obtained from the East Surrey Water Company which has works and resources in neighbouring areas. The supply is lime softened and chlorinated, and throughout 1956 was satisfactory both in quality and quantity.

By an arrangement with other Districts receiving this supply, samples of the water going into supply are submitted for bacteriological examination quarterly in accordance with an agreed rota, the results being circulated. All the results of the samples so taken were satisfactory during 1956.

In addition, one sample was taken from a house in Chaldon and submitted for physical and chemical examination with the following results:-

PHYSICAL EXAMINATION

Colour:	Light blue	Taste:	None
Appearance:	Bright and clear	Smell:	None

CHEMICAL EXAMINATION

	parts per million
Total solid residue (dried at 180°C.)	160
Chlorine present as chloride	17.3
Ammonia, free	0.00
Ammonia, albuminoid	0.00
Nitrate nitrogen	6.6
Nitrite nitrogen	0.02
Oxygen absorbed from) In 4 hours	0.06
permanganate solution) In 15 minutes	-
Hardness Temporary	50
As Ca CO ₃ - permanent	38
- Total	88
Alkalinity, as Ca CO ₃	50
Free carbon dioxide, as CO ₂	-
Iron and other metals	absent
Residual chlorine	0.18
Electric Conductivity at 20°C	220 units
pH	8.6

All dwelling houses provided with the Company's water have the supply within the premises, and standpipes are non-existent. Only 11 dwellings (approximately 0.1%) in an undeveloped rural section of the District are without a public water supply and the cost of extending the water main to these properties is not regarded as reasonable by the Council.

Samples are also taken when considered desirable from sources other than the above which are utilised in the District, and during the year, in co-operation with the Laboratory Service of the London County Council, further measures were taken to try to ensure the purity of the private supply to St. Lawrence's Hospital.

Drainage and Sewerage

No important works of sewerage were undertaken in 1956 but some sewers were extended to make provision for the drainage of new Estates. Additional sewers are required in Caterham, Chaldon and Woldingham and in 1944 the Council approved in principle schemes then estimated to cost over £88,000. During 1956 no further steps were taken towards extending the sewers at Chaldon pending a solution being found to the "Purley Flooding" problem.

Closet Accommodation

A number of pail closets exist in the unsewered rural parts of the District and must await conversion until the sewers are extended to these areas.

Public Cleansing

1. Collection & Disposal of House Refuse

This branch of public cleansing is carried out by the Engineer and Surveyor's Department in this District, and a weekly collection throughout the district was normally maintained.

During the year tipping was continued at a site adjoining, and in part in the Godstone Rural District, in association with the British Electricity Authority, who provided an ample supply of ash as cover. Attention continued to be given to the measures taken to avoid cause for complaint.

2. Cesspool Emptying

Details of this service are given in the Chief Public Health Inspector's report.

Sanitary Inspection of the Area

Details of the sanitary inspection of the District, which is carried out as circumstances demand and permit, are also given in the Chief Public Health Inspector's report.

Swimming Baths

There is no swimming bath in the District which is owned by the public, but there is one to which the public is admitted on payment, another owned by a School and a third belonging to a Social Club. All are used quite extensively.

During 1956 two satisfactory samples of the water were obtained from the first mentioned bath. All of these baths are equipped with filters and chlorination plants.

Schools

As the Council is represented on the Divisional Education Executive, and your Medical Officer of Health and his Deputy are responsible for the local administration of the School Health Service, such opportunities as present themselves are taken of improving the local schools and their equipment, while close liaison exists between the Health and Welfare Services in the interests of the children. Very gradually improvements are being made each year especially in the older schools. The public water supply is available at all the local schools and all have a water carriage system. Only two are not connected to the sewers.

The Head Teachers are advised on school exclusions in an attempt to reduce the spread of infectious diseases, while cases who they know to be suffering from communicable diseases are notified to the Medical Officer of Health. Direct assistance continues to be given during outbreaks by the Health Visitors.

Factories and Workshops

The usual table indicating the inspections made, defects found and defaults notified during 1956 is included as Table IV in the Appendix.

Housing

Similarly the housing statistics are presented as Table V in the Appendix, while the Chief Public Health Inspector has dealt in his Report with the work carried out by the Public Health Inspectors during the year.

From the former it will be noted that, while the number of houses built by the Council decreased from over 100 in 1950 and in 1953, to only 20 in 1956, the total provided by private builders was 141, compared with 185 in 1955. As has been stated in previous Reports, the Council's main problem is the shortage in this District of land which is considered suitable for the erection

of Council houses. Doubtless, the provision of more small houses for sale will gradually contribute indirectly towards meeting the housing need of those recognised as qualifying for Council houses, but meanwhile there are a considerable number experiencing hardship who cannot be expected and should not be encouraged to buy their own houses.

Parallel with the Council's attempts to give satisfaction as far as practicable to as many residents in housing difficulties as they can, attention has been focussed on the clearance of unfit houses under the Housing, Repairs and Rents Act 1954. A programme for the next seven years has been announced and during the year initial steps taken, in preparation for carrying this out. The first substantial new buildings, which will contribute towards dealing with this problem, are now in sight and it is hoped that, in due course, the new erections will permit the absorption of some of the priority cases on the present waiting list for re-housing.

Inspection and Supervision of Food

As the Public Health Inspectors are primarily responsible for the inspection and detailed supervision of the food supply, details of this service are given in the Chief Public Health Inspector's Report.

In general, steady improvement in the hygienic production and distribution of food is observable where they come within the sphere of influence of these Officers, and further advances are anticipated as a result of the Food Hygiene Regulations, 1955.

Chemical and Bacteriological Examinations of Food

Examinations of milk and ice-cream were carried out by the Public Health Laboratory Service, who are most co-operative and helpful in the advice they give as a result of their findings.

Adulteration

The Council is the Food and Drugs Authority for this area and a list of the samples collected during the year, together with the result of the analyses and reference to the actions taken in respect of samples reported as being adulterated or irregular, is set out on page 29 of the Chief Public Health Inspector's report.

Massage Establishments

The provisions of Part IV of the Surrey County Council Act, 1931, relating to the registration and management of establishments for massage or special treatment, are in operation. There were four such establishments within the Urban District during 1956.

OTHER HEALTH SERVICES

The Surrey County Council is the Local Health Authority for this District and in the execution of its duties under the National Health Service Act, 1946, the following arrangements have been made:-

1. Ambulances

There are two County Council ambulance stations in the District which were mainly manned by volunteers from the St. John Ambulance Brigade:-

Caterham Area:

Timber Hill Road,
Caterham Valley

Caterham 2351

Warlingham area:

c/o Green Circle Garage,
Limpsfield Road,
Warlingham

Upper Warlingham 3474

In Emergency - Ring 999

2. Maternity and Child Welfare

(a) Midwives and District Nurses

The present arrangements are as follows:-

Mrs. D. Smith, 74 Foxon Lane, Caterham-on-the-Hill (Cat.3766)	Full time General Nurse covering Caterham Valley and Whyteleafe
Miss J.G. Baillie, 13 Warren Park, Warlingham (Up.Warl.258)	Full time Midwife covering Warlingham, Hamsey Green and Woldingham
Miss Sawyer, 199 Croydon Road, Caterham (Cat. 2980)	Part time General Nurse covering Caterham Valley and Whyteleafe
Mrs. Howell, 31 Farningham Road, Caterham Valley (Cat. 3126)	Full time General Nurse and relief Midwife covering Caterham Valley and Whyteleafe
Mrs. E. Battle, 44 Church Road, Warlingham (Up.Warl.405)	Full time General Nurse covering Hamsey Green, Warlingham and Woldingham
Miss Connell & Miss Suter, 6 Hollytree Road, Caterham-on-the-Hill (Cat.2742)	Full time Midwives and General Nurses covering Caterham-on- the Hill and Chaldon

(In emergency, the Coulsdon District Nurses
act as reserves - Downland 4005)

(b) Ante-Natal Clinics

Pelham House, 54 Harestone Valley Road, Caterham Valley	2nd, 4th and 5th Friday in each month - 2 p.m.
The Health Centre, Westway, Caterham-on-the-Hill	Every Tuesday in each month - 2 p.m.
The Church Hall, The Green, Warlingham	2nd, 4th and 5th Tuesday in each month - 10 a.m.

(c) Relaxation and Mothercraft Classes

Westway, Caterham-on-the-Hill	2nd and 4th Monday in each month - 2 p.m. (By appointment with the Health Visitor at Pelham House, Caterham Valley)
The Church Hall, The Green, Warlingham	Every Tuesday in each month - 2 p.m. (By appointment with the Divisional Health Visitor, 115 Brighton Road, Purley)

(d) Child Welfare Clinics (including Diphtheria and Whooping Cough Immunisation and Vaccination).

Pelham House,
54 Harestone Valley Road,
Caterham Valley

Tuesdays 2 p.m.

The Health Centre,
Westway,
Caterham-on-the-Hill

Fridays 1.30 p.m.

The Church Hall,
399 Limpsfield Road,
Warlingham

Tuesdays 2 p.m.

St. Luke's Church Hall,
Whyteleafe Hill,
Whyteleafe

Thursdays 2 p.m.

The Parish Hall,
Station Road,
Woldingham

1st and 3rd Monday 2 p.m.

(e) Family Planning Clinic

The Health Centre,
Westway,
Caterham-on-the-Hill

1st and 3rd Friday in each
month 10 - 11 a.m.
(By appointment with
Divisional Medical Officer,
115 Brighton Road,
Purley. Uplands 9277).

(f) Home Help Service

Applications for the service of a Home Help should be addressed to the Home Help Organiser, 115 Brighton Road, Purley. In case of emergency the following telephone numbers may be used:- Uplands 7014 or 9277 preferably between 9.30 and 10.30 a.m. Home Helps can only be supplied to cases genuinely needing their assistance in which ill-health or old-age are involved. The capacity of the Service is limited, but preference is given to those in the greatest need, the degree of help varying with the physical and social circumstances of the family.

(g) Consultant Service

The general practitioners have been supplied by the Regional Hospital Board with particulars of the Specialists whose services are available in the District.

(h) Emergency Units

The Emergency Unit or "Flying Squad" based on Redhill County Hospital is available at any time for bona fide service in this District.

(i) Health Visitors

Initial contact with Health Visitors may be made through the Divisional Medical Officer or the Divisional Health Visitor at 115 Brighton Road, Purley. The Health Visitors serving this District are based on:-

(a) Pelham House,
54 Harestone Valley Road,
Caterham Valley

Caterham 4211.Ex.29

(b) The Health Centre,
Westway,
Caterham-on-the-Hill Caterham 2320

(c) (For Woldingham and Warlingham)
The Divisional Office,
115 Brighton Road,
Purley Uplands 9277

3. School Medical Service

(a) Minor Ailments Sessions

Pelham House,
54 Harestone Valley Road,
Caterham Valley Tuesdays 1.30 - 2 p.m.

The Health Centre,
Westway,
Caterham-on-the-Hill Wednesdays 9.30 a.m.

The Church Hall,
399 Limpsfield Road,
Warlingham Tuesdays 1.30 - 2 p.m.

St. Luke's Church Hall,
Whyteleafe Hill,
Whyteleafe Thursdays 1.30 - 2 p.m.

(b) Dental Clinic (also available for pre-school children and ante-natal/nursing mothers)

Pelham House,	Mondays	9.30 a.m. and 1.30 p.m.
54 Harestone Valley Road,	Tuesdays	9.30 a.m.
Caterham Valley	Wednesdays)
	Thursdays	) 9.30 a.m. and 1.30 p.m.
	Fridays)

(c) Orthodontic Clinic

Pelham House,
54 Harestone Valley Road,
Caterham Valley By appointment through the
Dental Clinic

(d) Ophthalmic and Refraction Clinic) By appointment through the
(e) Speech Therapy Clinic) Divisional Medical Officer,
(f) Physiotherapy Clinic) 115 Brighton Road, Purley.

4. Day Nurseries

The two Day Nurseries at present
functioning in this Division are situated as follows:-

Hazelglen Day Nursery, (Sanderstead 5329)	Sanderstead Road, Sanderstead Matron: Miss I.M. Bettridge
--	--

Old Coulsdon Day Nursery, (Downland 4071)	Bradmore Green, Old Coulsdon Matron: Mrs. L.C. Bryan, S.R.N.
--	---

Admission to the Day Nurseries is
limited to children from families in which the mother is the sole wage
earner, where there is sickness in the family or where the home conditions
are likely to seriously prejudice the health of the child.

5. Diphtheria and Whooping Cough Immunisation and Vaccination

Under the National Health Service Act, 1946, diphtheria and whooping cough immunisation and vaccination can be obtained from general practitioners serving under the Act, or arrangements can be made by application to the Divisional Medical Officer, 115 Brighton Road, Purley (Uplands 9277).

6. Loans of Medical Equipment

The County Council has arrangements with the British Red Cross Society and the St. John Ambulance Brigade, whereby certain equipment required for patients being nursed in their houses, can be hired. Application should be made to Mrs. A.M. Tuck, 166 Commonwealth Road, Caterham (Caterham 2269) or to the Officer-in-Charge, S.J.A.B. Headquarters, Timber Hill Road, Caterham (Caterham 2351).

HOSPITALS

The Regional Hospital Boards are responsible for the hospitals and for staffing certain clinics.

1. Local Hospitals

The hospitals chiefly serving this District are:-

Redhill County Hospital	... ..	Redhill 3581
Caterham and District Hospital	... ..	Caterham 3052
Caterham and District Hospital Annexe (The Dene)	... ..	Caterham 2006

2. Clinics

Tuberculosis

62 Whytecliffe Road, Purley (Uplands 7238)	Every Monday and Friday from 2 p.m. - 4 p.m.
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Venereal Disease

Croydon General Hospital	<u>Males</u> Tuesdays 7 - 9 p.m. Saturdays 10.30 a.m.
<u>NOTE:</u> Advice given every day 9 a.m. - 6 p.m. except Saturdays & Sundays	<u>Women & Children</u> Tuesdays 11 a.m. - 1 p.m. Fridays 5.30 p.m.
Redhill County Hospital	<u>Males</u> Mondays 5 - 7 p.m.

LABORATORY FACILITIES

The bacteriological examination of throat swabs, sputa, blood, milk, water, etc., is carried out by the Public Health Laboratory Service at West Hill House, West Hill, Epsom. (Epsom 2474).

MISCELLANEOUS ADDRESSES

Divisional Welfare Officers

Mr. Griffiths (after office hours) 115a Brighton Road,
Wallington 9237 Purley. (Upl. 0776)
Mrs. J. Parker (after office hours)
Caterham 4713

Mental Health/Authorised Officer 44 Reigate Hill,
Reigate (Reigate 3357)

Blind Welfare Visitor, c/o Blind Welfare Section,
County Health Department,
County Hall,
Kingston-upon-Thames:
(Kingston 1050.Ext.76)

Guild of Social Service/Citizens 102/106 Godstone Road,
Advice Bureau, Caterham (Cat. 2243)

Caterham & District Old People's 167 Stafford Road,
Welfare Association Caterham (Cat. 3978)

Old Peoples' Home, "Santa Tecla", Stanstead
Road, Caterham (Cat. 2641)

Browning Bethany Homes, 60 Whyteleafe Hill,
Whyteleafe (Upl 0442)

Moral Welfare Visitor, 1, Sunny Rise, Caterham
(Cat. 3728)

Marriage Guidance Council, 38, Russell Hill, Purley
(Upl. 9029)

N.S.P.C.C. 37 Hartley Road, Croydon
(Tho. Heath 4250)
48 Grove Hill Road,
Redhill. (Redhill 2388)

W.V.S. 102/106 Godstone Road,
Caterham. (Cat. 2243)

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

To The Chairman and Members of the Urban District Council of Caterham and Warlingham.

Mr. Chairman, Ladies and Gentlemen,

I beg to place before you my report for the year 1956, in which Sanitary Inspectors employed by local authorities in England and Wales automatically (from August 2nd) became Public Health Inspectors.

COMPLAINTS

609 complaints, as under, were received:-

Re drainage and sanitary defects	...	234
" housing defects	...	74
" rats and mice	...	125
" insect pests	...	96
" foodstuffs	...	13
" nuisance from refuse	...	14
" nuisances from the keeping of animals	...	6
" nuisances from gypsy encampments	...	5
" other nuisances	...	19
" dirty premises	...	4
" alleged overcrowding	...	4
Miscellaneous	...	15
		<u>609</u>

This total is 36 less than the figure for 1955.

INSPECTIONS

The following table sets out the visits made by Public Health Inspectors during the year:-

Primary Inspections of premises	...	428
Re-inspections after service of notices	...	1522
Visits to Work in progress	...	387
" " Caravans or camping sites	...	66
" " Factories (excluding Bakehouses and Dairies)	...	139
" " Workplaces (including Offices)	...	41
" " Bakehouses	...	52
" " Dairies	...	108
" " Slaughterhouses	...	461
" " Butchers Shops	...	85
" " Fish Shops (including Fishfryers)	...	86
" " Greengrocers	...	70
" " Grocers and Provision Shops	...	180
" " School Canteens, Licensed Premises, Ice Cream Premises and other food preparing places, food stores and food delivery vehicles	...	192
" " Public conveniences and those of Licensed Premises	...	45
" " Refuse Tips and Salvage Depot	...	54
" " Stables and Piggeries	...	23
" " Hairdressers' and Barbers' Premises	...	19
" " Swimming Baths	...	5
" " Shops under Shops Act	...	293
Patrols under Shops Act	...	67
Visits re Overcrowding	...	5
" " Rodent Control	...	45
" " Insect Pests	...	36
" " Infectious Diseases	...	123
" " Health Education Publicity	...	14
" " Cesspool Emptying	...	138
" " Milk and Ice Cream Samples	...	155
" for Food and Drugs sampling	...	106
" re Water supply	...	10
" " Heating Appliances (Fireguards) Act, 1952	...	12
Miscellaneous	...	356
		<u>5238</u>

SANITARY IMPROVEMENTS

The following improvements were carried out:-

Premises re-drained	...	1
Defective drains relaid or repaired	...	42
Cesspool abolished	...	1
Cesspools renewed, enlarged or repaired	...	2
Soakaways provided for rain and surface water	...	10
Drains unstopped and cleansed	...	143
Inspection chambers provided or repaired	...	30
Inspection chamber covers renewed	...	20
Inspection chamber covers sealed	...	29
Ventshafts or soilpipes provided or repaired	...	8
Pail closet abolished and replaced by W.C.	...	1
Sanitary accommodation provided on building sites	...	8
New W.C. apartments provided	...	5
W.C.'s provided with new pans and traps	...	8
W.C. fittings provided, repaired or renewed	...	13
New sinks, washbasins or baths fitted	...	9
Trapped waste pipes provided or repaired	...	15
Curbs and channels to sink waste gullies repaired or renewed	...	18
Water service pipes repaired	...	7
Chimney stacks repaired or renewed	...	22
Roofs repaired or renewed	...	59
Guttering or downpipes provided or repaired	...	38
Damp walls remedied	...	48
External walls repaired	...	30
Internal walls repaired	...	6
Yards paved or repaired	...	3
Steps provided or repaired	...	24
Floors repaired or renewed	...	20
Windows repaired or renewed	...	129
Additional light and ventilation to rooms provided	...	3
Doors repaired or renewed	...	29
Stoves repaired or renewed	...	14
Ventilated food store provided	...	1
Wall plaster repaired	...	45
Ceilings repaired or renewed	...	26
Dirty walls cleansed	...	12
Dirty ceilings cleansed	...	11
Dustbins provided	...	135
Nuisances from refuse or manure abated	...	9
Nuisances from animals abated	...	4
Dirty premises cleansed (Occupier's neglect)	...	4
Overcrowding abated	...	2
Miscellaneous defects remedied	...	169

Additional improvements secured at food premises are shown on page 31.

NOTICES

Informal:

Issued	...	...	...	...	...	...	...	...	...	...	346
Complied with	...	...	...	...	...	...	...	...	...	...	455

Statutory:

S.24 Public Health Act, 1936 - Maintenance of sewers at expense of Owners.

Served	1
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The requisite work on the common pipeline draining seven properties was executed by a contractor, instructed by the owner, the receipt of the notice of the Council's intention to execute the required works having prompted the owner to relieve the Council of their responsibility for maintaining this public sewer (formerly combined drain) at the owner's expense.

S.39 Public Health Act, 1936 - Drainage

Served	1
Complied with by Owner	...	...	...	...	...	...	...	...	...	1

S.75 Public Health Act, 1936 - Provision of Dustbins

Served	7
Complied with	(i) by Occupier	6								
	(ii) by Council in default of Occupier	<u>1</u>								7

S.93 Public Health Act, 1936 - Nuisances

Served	4
Complied with by Owner	...	...	...	...	...	...	...	...	...	2

S. 9 Housing Act, 1936 - Repair of Houses

Served	4
Complied with by Owner	...	...	...	...	...	...	...	...	...	11 ø

ø includes notices served in previous year.

HOUSING

A summary of the work done by Public Health Inspectors is set out in (b) of Table V in the Appendix. 70 houses were inspected for housing defects and the conditions of 10 of these properties were recorded in accordance with the Housing Regulations.

The sites occupied by 44 properties - 1 - 10 Woodville Place, Caterham; 1 - 25 Stanley Street, Caterham; 1 - 5 Stanley Close, Caterham; and 76 - 82 Godstone Road, Whyteleafe - were declared to be Clearance Areas during 1956. No demolition Orders were made during 1956, but 13 houses were demolished - 4 under Clearance procedure, 2 under Demolition Orders made previous to 1956 and 7 in consequence of informal action.

15 dwellings were repaired by owners after formal procedure - eleven under S.9 of the Housing Act, 1936, three under the Public Health Act, 1936, and one in consequence of the issue of a Certificate of Disrepair previous to 1956; 89 dwellings were rendered fit by their respective owners in consequence of informal action by Public Health Inspectors.

No application for a Certificate of Disrepair was made in 1956; one certificate was revoked. This illustrates the small use made by property owners in this district of the 'repairs increase' sections (now repealed) of the Housing Repairs and Rents Act, 1954, for the purpose of maintaining their properties in a good condition. The repeal of these 'repairs increase' sections is another reminder of the difficulties which are encountered in the administration of the legislative aids provided by Parliament for the attack on bad housing conditions. All too soon, in the past, has administrative experience shewn the need for altering and extending such legislation. It is to be hoped that the legislation of 1957 will be more fortunate than its predecessors in clearing some barriers in the way of satisfactory housing conditions.

An undertaking, given by the owner of No. 114 Croydon Road, Caterham, after the service of notice under S.11 of the Housing Act, 1936 and accepted by the Council in 1953, has yet to be implemented; difficulties in connection with the rehousing of the sole occupier were not resolved in 1956.

Few sound homes lacking modern amenities are being improved under the Improvement Grant Scheme - only 22 applications, involving 23 dwellings, for grants were approved by the Council during 1956.

Even after the Council had accepted the position that it was expedient to purchase, repair and improve a small number of old properties which the owners could not make fit for habitation at a reasonable cost, there was considerable lapse in time in negotiating the purchase of such properties, re-housing the tenants whenever necessary and effecting the requisite reconditioning. At the end of the year five such properties had yet to be acquired.

Thus, 1956 was another year in which the repair and improvement of dwelling-houses had not been adequately secured.

The conditions under which a family was living in Birchwood Lane, Chaldon was brought to the notice of the Public Health and Housing Committees. A mother and two daughters were sleeping in a wooden hut 20'0" x 9'0"; the father was in hospital. Water was obtainable from rainwater collected from the roof of the hut into a metal drum, which, at the time of inspection, was in a rusty condition. A hut, made out of pieces of Anderson shelter, with a floor area of 12'6" x 10'0" contained a cooking stove, and in this hut the family passed their leisure time. As the family was not on the housing list, the Housing Committee were unable to give it preference for purposes of rehousing, and this decision caused the Public Health Committee to postpone consideration of the problem for three months. Before the three months had expired, the family moved out of the district, but the circumstances served to emphasise the need for the provision of suitable temporary accommodation for such cases.

The 'temporary' two-acre camping site at Warlingham, used for the past ten years as an emergency housing site, was occupied throughout the year by not less than 37 caravans.

CESSPOOL EMPTYING

Motor emptiers, as under, were used for pumping out the contents of cesspools during 1956:

<u>Vehicle</u>	<u>Purchased</u>	<u>Used</u>
One 800 gallons emptier	August 1951	Whole of year
One 800 gallons emptier	January 1950	Whole of year
One combined Gully/800 gallons cesspool emptier	June 1946	Occasionally - only 148 loads were removed by this machine

The work done by the three emptiers is given below, together with comparative figures for other years:

<u>Area</u>	<u>1956 Loads</u>	<u>1955 Loads</u>	<u>1954 Loads</u>	<u>1939 Loads</u>	<u>1938 Loads</u>	<u>1927 Loads</u>
Caterham	230	182	180	178	464	274
Warlingham	158	111	140	239	127	169
Chaldon	2873	2821	2735	822	783	820
Woldingham	2142	1956	1771	1077	1224	1017
	—	—	—	—	—	—
	5403	5070	4826	2316	2598	2280
	—	—	—	—	—	—

This table shews a further increase in the work of cesspool emptying. 116 premises were visited by an emptier 12 or more times during the year and the cesspools at 28 of these premises were emptied 20 or more times. For one week in each of the months of March and April, there were over 30 applications for emptying awaiting attention, but generally there was little difficulty in dealing with the requests for emptying. If, however, the demand for this service continues to increase and no relief is obtained through further sewerage of the district, additional plant and staff will soon be required.

SUPERVISION OF FOOD

SLAUGHTERHOUSES

There are three slaughterhouses in the district in which animals are slaughtered for human consumption. One, belonging to The South West Metropolitan Regional Hospital Board, is used exclusively for the supply of meat to the Board's hospitals; two other slaughterhouses are privately owned and are licensed annually by the Council.

At the Board's slaughterhouse, the reconditioning work, requested in 1955, was carried out and included improvements in ventilation, in natural and artificial lighting and in the provision of hot water. A sterilising cabinet and a wash-hand basin, with hot and cold water, were installed.

At one private slaughterhouse, facilities for the hanging and cooling of meat were provided and the artificial lighting in the slaughterhouse and in the adjoining cattle pens was improved; the hot water supply in the slaughterhouse was also improved. At the second slaughterhouse, the artificial lighting in the cooling room was improved. Generally, however, the private slaughterhouses, which were restored to their pre-war standard in 1954, remain unaltered, and are likely to stay so until the Ministry of Agriculture, Fisheries and Food issue the promised regulations prescribing standards of construction, lay-out and equipment. Up-to-date byelaws relating to the sanitary conditions and management of private slaughterhouses were adopted without modification by the Council in 1956 and were issued to the Owners/Occupiers of the private slaughterhouses late in the year.

Although there is no control over the hours of slaughtering, the times operating in 1956 were far more convenient for the Meat Inspectors than was formerly the case. Slaughtering in the late evening was discontinued, the latest finishing time being about 8 p.m.; Sunday slaughtering was done at one slaughterhouse only and there only on the Sunday before Christmas.

The Council's Meat Inspectors continue to perform certification duties at the two private slaughterhouses where a Government Meat Grader was not made available for this work. 321 carcasses were examined and weighed; 320 pigs were certified and 1 was rejected.

Licences to eight slaughtermen to slaughter cattle, sheep, pigs and goats were renewed for 1956. The humane killer specified in each licence was the captive bolt pistol.

Meat inspected and condemned at slaughterhouses:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Goats	Horses
Number of animals killed	218	51	298	526	897	3	-
Number of carcasses inspected	218	51	298	526	897	3	-
<u>All diseases except Tuberculosis and Cysticerci</u>							
Whole carcasses condemned	-	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	34	14	1	6	52	-	-
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	15.6	27.4	0.33	1.1	5.8	-	-
<u>Tuberculosis only:-</u>							
Whole carcasses condemned	1	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	8	1	-	-	7	-	-
Percentage of the number inspected affected with Tuberculosis	4.1	1.9	-	-	0.78	-	-
<u>Cysticercosis</u>							
Carcasses of which some part or organ was condemned	-	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-	-
Weight of meat condemned	8 cwts. 3 qtrs. 3 lbs. 6 ozs.						

I am sorry to find that the corresponding record for 1955 shewed that the carcass and offal of one of the animals slaughtered was not examined. This was an error in recording. In spite of staffing difficulties, the 100% inspection has been maintained since 1950.

WHOLESALE DEPOTS, RETAIL SHOPS AND CANTEENS

Meat and other foods condemned as unfit for human consumption at food premises other than slaughterhouses:

<u>Meat.</u>	Lambs' Livers	...	34 lbs. 4 ozs.
<u>Fish.</u>	Cod Fillets	...	2 qtrs. 10 lbs. 8 ozs.
	Whiting	...	2 qtrs.

Canned Meat.

Chicken	...	6 lbs. 8 ozs.
Corned Beef	...	15 lbs. 8 ozs.
Luncheon Meat	...	40 lbs. 8 ozs.
Pork	...	5 lbs. 8 ozs.
Tongues (Ox & Lambs')	...	7 lbs.
Other Canned Meat	...	30 tins.

Other Canned Food.

Cream	...	14 tins.
Fish (incl. Fish Paste)	...	29 tins./jars
Fruit	...	247 tins.
Milk	...	87 tins.
Vegetables	...	149 tins.

Other Foods.

Bacon	...	4 lbs. 2 ozs.
Cheese	...	4 lbs. 12 ozs.
Ice Cream Powder	...	2 tins.
Jam & Marmalade	...	6 tins.
Meat Paste	...	1 jar.
Pudding (Christmas)	...	1
Rice (Cream)	...	1 tin.
Sausages (Beef)	...	12 lbs.
Soup	...	10 tins.
Steak & Kidney Pies	...	12
Suet	...	1 pkt.

DISPOSAL OF CONDEMNED FOOD.

For the information of the Ministry of Health, I record that condemned food is destroyed by fire and that a member of the staff sees it into the furnace.

EXTRANEIOUS MATTER IN FOODSTUFFS AND FOOD CONTAINERS.

Few complaints under this head were received in 1956. Two instances of paint in milk bottles shewed that, even with modern cleansing equipment and good control at the dairy, an unsatisfactory milk bottle occasionally gets through to the customer. In one case the paint was added to the interior of the bottle at the time when the Dairyman's name was being placed on the outside of the bottle; in the second case the bottle had obviously been abused by a person unknown. The presence of a small amount of dirt caked on the interior of another bottle was due to the misuse of the food container. In addition, the presence of a leg of an insect in bread was investigated.

One complaint of broken glass in milk was received in 1956 from a local school. A close investigation failed to reveal whether bad handling of milk bottles by children in the school, bad handling by the staff of the milk distributor, or carelessness in the manufacture of the glass bottles was responsible.

Complaints regarding the finding of extraneous matter in foodstuffs are welcomed by the Public Health Inspectorate, for the investigation which follows the receipt of complaints serves to make those associated with the handling of foodstuffs concerned in such enquiries fully aware that the safety of food must not be jeopardised.

MILK

The following Distributors were on the Council's Register at the end of 1956:

Distributors with premises within	
Urban District	... 7
Distributors with premises outside	
Urban District	... 4
Distributors selling milk from local	
shops only in sealed bottles	... 4

Milk or cream was also sold in 1956 by retail from three dairy farms, the registration of which is the province of the Ministry of Agriculture, Fisheries & Food.

108 visits were made to dairies (excluding dairy farms) during the year.

Since October, 1954 the district has been a "Specified Area", wherein unprocessed milk can be sold only if it has been produced from a "Tuberculin Tested" herd.

Licences

The following dealers' licences under The Milk (Special Designation) (Raw Milk) Regulations 1949/54 or The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949/53 were issued by the Council:-

Principal Licences:

Tuberculin Tested	... 7
Pasteurised	... 7
Sterilised	... 7

Supplementary Licences:

Tuberculin Tested	... 4
Pasteurised	... 4
Sterilised	... 3

Three pasteurising establishments were licensed from January 1st but processing was discontinued at one establishment from October 1st. All processing plant was satisfactorily maintained.

Sampling

The results of tests on samples of milk taken during 1956 are shewn overleaf.

Processed Milk:

<u>Tuberculin Tested Milk (Pasteurised)</u>		<u>Passed</u>	<u>Failed</u>
Methylene Blue (to check probable keeping quality)	...	55	1
Phosphatase (to check efficiency of heat treatment)	...	54	2

Pasteurised Milk

Methylene Blue	...	...	73	1
Phosphatase	...	...	74	-

Raw Milk:

Tuberculin Tested Milk

Biological	...	...	2	-
Methylene Blue	...	...	13	-

In addition, 31 sediment tests of Producers' supplies were made as a check on the farmers' efforts to keep their milk clean, and these were classified as follows:-

Clean	...	10
Less satisfactory	...	20
Dirty	...	1
Very dirty	...	-

The appearance in September of ropiness (thread formation) in milk was investigated and it was established by bacteriological examination of farmers' supplies that this phenomenon was due to conditions at one of the farms sending milk into this district. Milk from the farm was rejected for three days running and a stringent cleansing routine was enforced at the local dairy concerned, and the trouble was ultimately eliminated; the extra work involved will long be remembered by the staff at the dairy. Milk production methods at the farm were investigated by the National Agricultural Advisory Service.

ICE-CREAM

63 premises are registered for the sale of this delectable confection, two additional certificates of registration having been issued during the year. The retailers obtain their supplies from well known manufacturers, and most of the ice-cream sold in this district is pre-packed.

Only one registration for manufacture has been made in this district, and the manufacturer concerned uses a complete cold mix.

Five samples of ice-cream examined for cleanliness by the Public Health Laboratory Service were classified as Grade I; five samples analysed for quality by the Public Analyst conformed with the standard for ice-cream.

ANALYSIS OF FOOD AND DRUGS

1956 was the first full year for which the Council operated as a Food and Drugs Authority.

The powers of a sampling officer are limited to obtaining samples within his own district, except in the case of milk. The Food and Drugs Act, 1955, however, enables a sampling officer to obtain samples of milk outside his own area with the consent of the Food and Drugs Authority concerned. To follow up unsatisfactory milk supplies, samples may have to be taken in the course of delivery or at the place of production outside the district of the sampling officer, and, where the power of sampling outside the district cannot be exercised, the sampling officer is obliged to require his colleague in the district concerned to obtain the requisite samples. During the year, the Council agreed to reciprocal arrangements being made for the sampling of milk in the urban districts of Caterham & Warlingham and Coulsdon & Purley by the authorised officers of the respective authorities.

98 samples, as under, were submitted to the Public Analyst (Mr. D.D. Moir, M.Sc., F.R.I.C., of 16, Southwark Street, S.E.1) for analysis:-

Articles	Number of Samples Analysed			Samples found to be Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Biscuits	-	1	1	-	-	-
Cabbage (Spring)	-	1	1	-	-	-
Cake Mixture	-	1	1	-	-	-
Castor Oil	-	1	1	-	-	-
Cinnamon (Ground)	-	1	1	-	-	-
Colourings	-	2	2	-	-	-
Confectionery (Sugar)	-	2	2	-	-	-
Cough Mixture	-	1	1	-	-	-
Crab (Dressed)	-	2	2	-	-	-
Cream (Double)	-	2	2	-	-	-
Cream Powder (Synthetic)	-	1	1	-	-	-
Curry Powder	-	1	1	-	-	-
Digestant Powder	-	1	1	-	-	-
Fruit Pectin (Liquid)	-	1	1	-	1	1
Ginger (Ground)	-	1	1	-	-	-
Ice Cream	2	3	5	-	-	-
Lemon Juice	-	1	1	-	-	-
Liquid Paraffin	-	1	1	-	-	-
Margarine	2	-	2	-	-	-
Marzipan	1	-	1	-	-	-
Milk - Channel Islands	16	1	17	1	-	1
South Devon	3	-	3	-	-	-
Other	27	1	28	-	-	-
Mint - Dried	-	3	3	-	3	3
Jelly	-	1	1	-	-	-
Mustard - French	-	1	1	-	-	-
Nuts - Cashew	-	1	1	-	-	-
Olive Oil	-	1	1	-	-	-
Paste (Chicken & Ham)	-	1	1	-	-	-
Peas (Processed)	-	1	1	-	-	-
Pie Filling	-	1	1	-	-	-
Puddings (Christmas)	-	2	2	-	-	-
Raspberries (Canned)	-	1	1	-	-	-
Roe (Herring - hard)	-	1	1	-	-	-
Sedative Tablets	-	1	1	-	-	-
Soft Drinks	-	1	1	-	-	-
Spice (Pickling)	-	1	1	-	-	-
Carried Forward	51	43	94	1	4	5

Articles	Number of Samples Analysed			Samples found to be Adulterated or Irregular		
	Formal	Informal	Total	Formal	Informal	Total
Brought Forward	51	43	94	1	4	5
Sponge Flan Base	-	1	1	-	1	1
Thyme	-	1	1	-	-	-
Tonic (Nerve & Restorative)	-	1	1	-	-	-
Vinegar (Malt)	-	1	1	-	-	-
TOTALS	51	47	98	1	5	6

The average composition of the 48 samples of milk was as under:-

South Devon and Channel Islands Milk

Solids not Fat (legal standard is 8.5%)	..	..	..	9.0%
Milk Fat (legal standard is 4%)	..	..	..	4.6%

Milk excluding South Devon and Channel Islands Milk

Solids not Fat (legal standard is 8.5%)	..	..	..	8.7%
Milk Fat (legal standard is 3%)	..	..	..	3.7%

A Minor infringement of one of the Public Health (Preservatives, etc. in Food) Regulations came to light in connection with the sampling of liquid fruit pectin, which is used by housewives to secure the satisfactory setting of jam without dissipating the jam's flavour by a long boiling of the ingredients. The infringement occurred in some advertising matter which was wrapped with the article, and, after some correspondence, the Distributors concerned agreed to amend the literature objected to.

When the Public buy Channel Islands milk they expect to obtain a better cream content than that which exists in other milks, and the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, require Channel Islands milk to contain not less than 4% of milk fat. The irregular sample of Channel Islands milk shown in the above table contained only 3.89% of milk fat, a deficiency of less than 3%. A "repeat" sample contained 5.7% of milk fat. The Public Health Committee was advised that the deficiency in milk fat was due to an error in procedure at the dairy and a caution was issued to the Producer/Retailer concerned.

The first sample of dried mint was obtained from a few packets of this article which had been in a local shopkeeper's possession for some time; it was described by the Public Analyst as being almost useless for the purpose for which it had been sold. In consequence, the retailer's old stock of dried mint was withdrawn from sale. The second sample was taken from the shopkeeper's fresh stock of this article and again the Public Analyst certified it to be of inferior flavour and low quality. The wholesalers concerned were contacted and they supplied the third sample, which was reported by the Public Analyst to be of poor quality, although better than the previous samples obtained from the local shop. Undoubtedly, this article has a long storage life at some shops, and there is thus some difficulty in obtaining fresh stock. The Public Health Committee took a serious view of the findings of the Public Analyst and sought an assurance from the wholesalers that effective steps would be taken to secure a considerable improvement in the packaging and marketing of dried mint. A prolonged correspondence revealed that the dried mint, although marked

'Foreign Produce' was actually English mint, and the Packers agreed to remove the word 'foreign' from their packets. The correspondence bore out the fact that certain packaging improvements had already been tried, although without much success. The Public Health Committee naturally felt some reluctance in prosecuting in a case like this where they would be shouldering the responsibility of making an attempt to change the present unsatisfactory position of poor packaging for herbs throughout the country, but, undoubtedly, the points raised will stimulate a more active attitude to the problem of packaging dried herbs and, of course, public discrimination may do the rest.

The sponge flan base was not protected by a suitable wrapping when it was sold to a local resident and consequently the article rapidly staled; otherwise the flan was genuine.

FOOD HYGIENE

There are 245 food premises in this district, namely, 9 Bakehouses; 21 Butchers' Shops; 30 Cafés, Snack Bars and School Canteens; 24 Public Houses, Clubs and Hotels; 57 Confectioners' Shops; 3 'registered' Dairies; 12 Fish Shops; 28 Fruiterers' and Green-grocers' Shops; 58 Grocers' and Provision Merchants' Shops; and 3 General Stores.

Premises registered under S.16 of the Food and Drugs Act 1955 are as under:-

For manufacture, sale and storage of ice-cream	.. ..	1
For sale and storage of ice-cream	.. .. .	63
For preparation or manufacture of Sausages or preserved foods	.. .. .	44

108

37 visits were made to registered food premises, and 165 visits to non-registered premises.

During visits to food premises, the Public Health Inspectors come into personal contact with food handlers and developments in hygiene as they affect the manufacture and/or storage of the foodstuffs concerned are propagated by chats on the spot. With few exceptions, the standard of hygiene in local food premises is a good one.

The majority of the Food Hygiene Regulations of 1955 came into operation on January 1st, 1956; others which could involve alterations to premises or equipment were operative from July 1st, 1956. The regulations were received only four days before the majority became operative, and thus the Inspectorate had little time to learn the new rules before the day on which the regulations had to be enforced. An abstract of the provisions of the regulations was sent in March to 221 food traders in the district. 218 contraventions of these regulations were found and of these 78 were satisfactorily attended to during the course of the year.

The following improvements (not included in the table of sanitary improvements set out on P.21) were secured at food premises:

Roofs repaired	...	1
Wall plaster repaired	...	7
Ceiling plaster repaired	...	6
Ceilings provided	...	21
Floors repaired	...	8
Floor coverings renewed	...	2
"Wash Hands" Notices provided	...	6

Sinks or wash basins provided	...	12
Running hot water supply provided	...	10
Lighting and ventilation improved	...	5
First Aid outfits provided	...	10
Equipment or fittings cleansed or repaired	...	28
Nail brushes provided	...	10
Covers for food provided	...	2
Intervening ventilated space provided between food room and sanitary convenience	...	1
Dirty walls cleansed	...	45
Dirty ceilings cleansed	...	36
Dirty floors cleansed	...	7
Accumulations of rubbish removed	...	6
Dustbins provided	...	3
Miscellaneous	...	21

Under a penalty of £100 and imprisonment for 3 months, a food handler may not smoke while he handles 'open' food or is in a room containing 'open' food. Four cases of smoking by food handlers when engaged in the handling of food were noticed by the Inspectorate during the year and cautions were given. The feelings of those thus dealt with may well be imagined when it is appreciated that there is no similar control over smoking by customers in food shops; and, unless the social conscience of the smoking customer, aided perhaps by the exhibition of 'no smoking' notices, changes, or, alternatively, cigarettes smoking is abandoned for fear of lung cancer and the pipe is put into disuse in dread of cancer of the lip, the legislature will in time have to catch up with public opinion and ban smoking in 'open' food shops, and so make for conformity with a standard which I am sure is desired by all reasonable people, whether smokers or not.

DESTRUCTION OF RATS AND MICE

The year's work is summarised hereunder:-

Surface Infestations

Number of complaints received	...	125
Number of complaints investigated	...	126
Number of independent investigations made	...	526
Number of premises found to be infested		
(i) by rats	... ..	131
(ii) by mice	... ..	34
Number of premises treated and cleared		
(i) by Local Authority's operators	... ..	148
(ii) by Occupiers	... ..	10

ø includes infestations found in 1955

Minor infestations were found at the Council's Refuse Tips and Salvage Depot.

No 'major' or 'reservoir' infestation occurred

The Department's destruction service was again used by the County Council in respect of their properties in this district.

Sewer Infestations

By agreement with the Infestation Control division of the Ministry of Agriculture, Fisheries and Food, the routine annual 10% testing of sewers was modified in 1956; in April 76 manholes in the Whyteleafe area were test-baited and 8 'takes' were recorded. Two 'maintenance' treatments (one in April and one in

October) were subsequently carried out; in 'maintenance' treatment No.1, 28 manholes were pre-baited, 10 pre-bait 'takes' and 8 poison bait 'takes' being recorded, and in 'maintenance' treatment No. 2, 21 manholes were pre-baited, resulting in 9 pre-bait 'takes' and 3 poison bait 'takes'.

FACTORIES ACTS 1937 AND 1948

Certain responsibilities are placed on the Council by Factory legislation, and these include the enforcement of provisions relating to cleanliness, overcrowding, temperature, ventilation, and drainage of floors in factories which do not use mechanical power. The provisions of the Acts and Regulations made thereunder relating to sanitary conveniences are also enforced by the Council in all factories whether or not mechanical power is installed. The only direct mention of the Council's Inspectorate in factory legislation is a reference to the power of a Home Office Inspector to take a Sanitary Inspector with him when inspecting a factory, but, in spite of the absence of recognition of the Public Health Inspector's work in connection with the supervision of factories, he has to interest himself in the enforcement of the above mentioned responsibilities of the Council. The work carried out by the Public Health Inspectors in 1956 is summarised in Table IV of the Appendix.

SHOPS ACT, 1950

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

At the end of 1956 there were 398 shops on the Register. The following visits were made:

Inspections	251
Re-inspections	<u>47</u>
	<u>298</u>

Patrols were carried out as under:

On Sundays	9
During afternoon of early closing day	52
During evenings	<u>6</u>
	<u>67</u>

The following contraventions were dealt with:

Insufficient means for ventilation of shop	1
Absence of statutory notices, forms or records:	
Closing Declaration	6
Assistants' weekly half-holiday notice	8
Abstract of provisions of Act relating to hours of employment of young persons	4
Notice specifying the daily hours to be worked by young persons	4
Mixed shop notices	11
Seats for female shop assistants	<u>7</u> <u>40</u>
	<u>41</u>

The requisite additional means of ventilation was provided during 1956.

The Council made an Order for the suspension of the operation of the provisions of the Act relating to General Closing hours and of the Council's Early Closing Orders during the Christmas season, namely from December 19th - 24th.

The unpopularity of Shops legislation was again publicised in the National Press when the Shops Bill was before Parliament earlier in the year. For a very long time it had been generally agreed that the existing shops legislation required amendment, and it was anticipated that future legislation would follow the broad outline of the recommendations of the Gowers Committee of Enquiry which reported in 1947 on the closing hours of shops. The requisite legislation was postponed for ten years, and now it has been found impossible to reach compromise between the proposals and counter-proposals of all the interested parties. Thus, the Inspectorate must continue to administer the existing unpalatable and untidy legislation.

PET ANIMALS ACT, 1951

One application for the renewal of licences to keep Pet Shops was granted. At the premises concerned the provision made as regards accommodation, cleanliness, attendance and food and drink was satisfactory, and no infringement of the licensing conditions was found.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

During the year 12 visits were made to business premises in connection with the above Act and no contravention was found.

DISINFECTION

Rooms sprayed or fumigated	...	12
Library books fumigated	...	324

DISINFESTATION

Rooms treated to destroy fleas	...	8
Rooms treated to destroy ants	...	4
School Canteens/Kitchens treated to destroy flies (routine annual spraying to provide prolonged insecticidal effect on treated surfaces)	...	9
Wasps nests destroyed	...	65

S T A F F

Difficulties in securing and retaining clerical staff persisted throughout 1956. The movement of Clerks/Shorthand-Typists reached a new high level; as many as six different persons occupied the two established posts for varying periods during the year. What a waste of time was our endeavour to train successive newcomers!

The Public Health Inspectorate was up to establishment for 364 days out of the year, but, as the Council well know, there is a tendency for the occupant of the junior post to leave after getting the benefit of a varied practical experience.

It seems that the district, like others, now has to be satisfied with a nucleus of long service personnel supported, whenever practicable, by an ever-changing remainder. Such conditions must be regarded as inevitable until careers in the Public Health Service again become attractive.

I record my appreciation of the contribution made by each member of the Staff to keep the system working until the staffing problem is resolved.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. CARDEN

Chief Public Health Inspector

July 31st, 1957.
C/ALL/1/EJW

TABLE I

THE URBAN DISTRICT COUNCIL OF CATERHAM AND WARLINGHAM

1956/7

Public Health Committee

Chairman: Councillor A.H. Bartley

Vice-Chairman: Councillor Mrs. K.M.C. Sims

Councillor P. Blair, F.R.G.S.

Councillor A.H. James

Councillor H.W. Dailey, C.C.

Councillor W.F. Kearsley

Councillor G.R. Ibbotson

Councillor G.H. Thaine

Ex-officio: Councillor W. Hawes, J.P.

Public Health Department

STAFF:

Medical Officer of Health

⌘ F.R. Edbrooke, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

⌘ T.R. Bennett, M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector

♢ John J. Carden, M.A.P.H.I., A.R.S.H.

Senior Sanitary Inspector

♢ F.R. Allerton, M.A.P.H.I.

District Sanitary Inspector

♢ J.A.E. Jones, M.A.P.H.I. (Commenced 21.1.56)

Senior Clerk

A.H. Hadlow

Clerks

Mrs. B.D. Mills (Resigned 24.7.56)

Miss J. Benham (From 1.3.56 to 14.4.56)

Mrs. P. Tanner (Resigned 29.2.56)

Miss C.A. Bohren (From 7.5.56)

Miss C. Allerton (From 28.7.56 to 17.8.56)

Mrs. S. Palmer (From 3.9.56)

⌘ (Part-time appointment only to this Council)

♢ Certificate for Inspectors of Meat and Other Foods.

TABLE II

DEATHS OCCURRING DURING THE YEAR 1956

Cause of death	Males	Females	Total	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over
Respiratory tuberculosis	1	1	2	-	-	-	-	-	-	2	-
Other tuberculosis	1	-	1	-	-	-	-	-	1	-	-
Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	1	1	-	-	-	-	-	-	1	-
Acute Poliomyelitis	1	-	1	-	-	-	-	-	1	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	3	3	6	-	-	-	-	-	-	3	3
Malignant neoplasm, lung, bronchus	14	3	17	-	-	-	-	-	-	11	6
Malignant neoplasm, breast	-	5	5	-	-	-	-	-	-	2	3
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-
Other malignant and lymphatic neoplasms	9	16	25	-	-	-	-	-	-	6	19
Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	-
Diabetes	-	-	-	-	-	-	-	-	-	-	-
Vascular lesions of nervous system	15	27	42	-	-	-	-	-	3	4	35
Coronary disease, angina	21	20	41	-	-	-	-	-	2	15	24
Hypertension with heart disease ..	-	-	-	-	-	-	-	-	-	-	-
Other heart disease	30	37	67	-	-	-	-	-	1	6	60
Other circulatory disease	9	8	17	-	-	-	1	2	-	2	12
Influenza	-	2	2	-	-	-	-	-	-	-	2
Pneumonia	5	2	7	1	-	-	-	2	1	-	3
Bronchitis	10	1	11	-	-	-	-	-	1	3	7
Other respiratory diseases	1	1	2	-	-	-	1	-	-	1	-
Ulcer of stomach and duodenum	1	-	1	-	-	-	-	-	-	1	-
Gastritis, enteritis and diarrhoea	1	1	2	1	-	-	-	-	-	-	1
Nephritis and Nephrosis	1	1	2	-	-	-	-	-	-	1	1
Hyperplasia of prostate	1	-	1	-	-	-	-	-	-	-	1
Pregnancy, childbirth, abortion ...	-	1	1	-	-	-	-	-	1	-	-
Congenital malformations	3	2	5	1	-	-	2	1	-	1	-
Other defined and ill-defined illnesses	14	25	39	3	-	1	4	-	5	9	17
Motor vehicle accidents	2	-	2	-	-	-	-	-	-	2	-
All other accidents	-	4	4	1	-	1	-	-	-	-	2
Suicide	-	1	1	-	-	-	-	-	1	-	-
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-
TOTALS	143	162	305	7	-	2	8	5	17	70	196

TABLE III
NOTIFIABLE DISEASES

NOTIFIABLE DISEASES	At all ages	Number of cases Notified																								
		At age groups - years														Wards										
		Under 1 year	1 -	2 -	3 -	4 -	5 -	10 -	15 -	20 -	35 -	45 -	65 and over	Age unknown	Caterham North-West (inc. St. Lawrence's Hospital)	Caterham North-East	Caterham West	Caterham East	Caterham South	Warlingham East	Warlingham West	Chaldon	Woldingham	Whyteleafe	Total number of cases removed to Hospital	Total Deaths
Pneumonia	8	-	1	1	-	2	-	-	1	-	3	-	-	2	12	3	2	-	-	-	1	-	-	-	1	7
Scarlet fever	44	-	-	1	2	4	32	5	-	-	-	-	-	-	-	-	8	8	8	7	4	-	-	1	25	-
Pulmonary Tuberculosis	19	-	-	-	-	-	-	2	7	4	3	1	-	4	1	-	1	-	2	5	3	-	-	3	-	2
Non-Pulmonary Tuberculosis	4	-	-	-	-	-	-	-	3	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Dysentery	4	-	-	-	1	-	1	-	1	2	-	4	-	-	-	-	-	-	-	3	-	-	-	2	-	-
Erysipelas	7	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	-	-	-	-	-	-	-
Meningococcal infection	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Polio-myelitis - Paralytic	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
Polio-myelitis - Non paralytic	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
Measles	133	3	10	7	19	14	76	2	1	2	-	-	-	23	29	11	27	38	-	-	-	3	1	2	2	-
Whooping Cough	32	4	5	3	4	6	8	1	1	-	-	-	-	3	12	1	3	1	1	6	-	3	3	-	-	-
TOTALS	254	7	16	12	27	24	119	10	4	17	5	12	2	41	59	17	38	52	24	8	6	6	4	35	12	12

* Includes 8 cases among patients at St. Lawrence's Hospital † Deaths from all forms of Pneumonia

TABLE IV

FACTORIES1. Inspections

Premises	Number on Register	Inspec- tions	Number of	
			Written Notices	Occupiers Prosecuted
Factories in which Section 1,2,3,4, & 6, are to be enforced by Local Authorities	13	12	-	-
Factories not included above in which Section 7 is enforced by Local Authorities	87	109	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	33	40	-	-
T O T A L	133	161	-	-

2. Defects

Particulars	Number of cases in which defects were				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred ..		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	5	-	2	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences(S.7)					
(a) insufficient	6	8	-	-	-
(b) unsuitable or defective	1	2	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	2	-	-	-
T O T A L	11	17	-	2	-

3. Defaults, etc. notified by H.M. Inspector of Factories on Form 144:-

Notified	...	2
Remedied	...	2

TABLE V
HOUSING STATISTICS

(a) New Houses

Number of New Houses erected during the year:-

(i) By Local Authority	20
(ii) By other Local Authorities	2
(iii) By other bodies and persons	
(a) War damage rebuilds	Nil
(b) New Dwellings	<u>141</u>
	141

(b) Existing Houses

1. Inspection of Dwelling-houses during the year

1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	70
2. Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regs. 1925 and 1932	10

2. Action without service of formal notices

Number of defective dwelling-houses rendered fit in consequence of informal action	89
Number of houses demolished	7

3. Action under Statutory Powers during the Year

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

(i) No. of dwelling-houses in respect of which notices were served requiring repairs	4
(ii) No. of dwelling-houses which were rendered fit after service of formal notices:-	
(a) By Owners	11
(b) By Local Authority in default of Owners	nil

(b) Proceedings under the Public Health Acts:

(i) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	5
(ii) No. of dwelling-houses in which defects were remedied after service of formal notices:-	
(a) By Owners	3
(b) By Local Authority in default of Owners	-

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936	
(i) No. of dwelling-houses in respect of which Demolition Orders were made	nil
(ii) No. of dwelling-houses demolished in pursuance of Demolition Orders	2
(d) Proceedings under Section 12 of the Housing Act, 1936.	
	nil
(e) Proceedings under Section 25 of the Housing Act, 1936.	
No. of dwelling-houses demolished	4
(f) Proceedings under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953	
	nil

4. Overcrowding

(a) (i) No. of dwellings overcrowded at the end of the year	
	3
(ii) No. of families dwelling therein	
	3
(iii) No. of persons dwelling therein	
	30
(b) No. of cases of overcrowding reported during the year	
	nil
(c) (i) No. of cases of overcrowding relieved during the year	
	2
(ii) No. of persons concerned in such cases	
	22
(d) No. of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	
	nil

